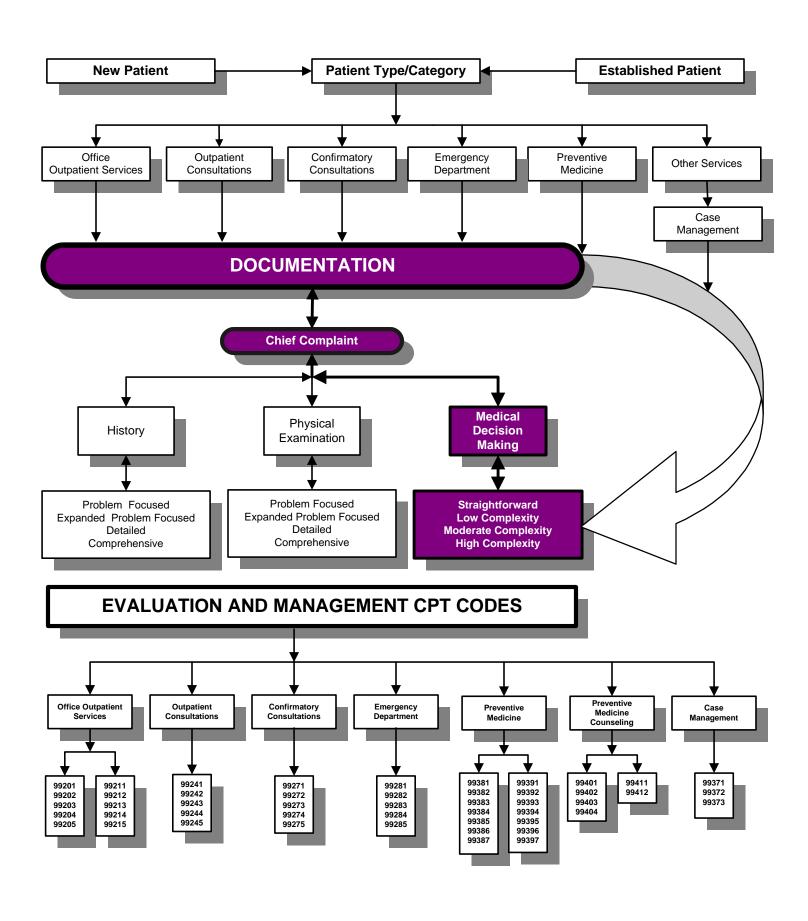
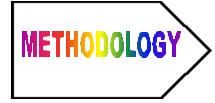
EVALUATION AND MANAGEMENT FLOWCHART



12/13/99



The complexity of services/management options and level of risk determine the extent of medical services provided; therefore, this training manual includes education on medical decision making.



Upon completion of the Medical Decision Making section, you will be able to differentiate:

- ♦ The types of medical decision making:
 - Straightforward,
 - Low Complexity,
 - Moderate Complexity, and
 - High Complexity.



Terms defined in this section include:

- **♦** Management Options
- ◆ Data Reviewed
- ♦ Level of Risk

The following worksheet is designed to display documentation components specific to medical decision making. Each component of the following chart is explained in detail in the following pages.

Medical Decision Making								
To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.								
Number of Diagnoses */Management Options **	Amount/Complexity <u>Data to be Reviewed</u>	Risk of Complications/ <u>Morbidity/Mortality</u>	Type of <u>Medical Decision Making</u>					
Minimal	Minimal or None	Minimal	Straightforward					
 One self-limited or minor problem 	Venipuncture labs, CXR,		5					
Rest, gargles, superficial dressings	EKG, UA, Ultrasound							
• Limited	Limited	• Low	 Low Complexity 					
 ❖ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives 	Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging							
Multiple	Moderate	Moderate	Moderate Complexity					
 ❖ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury ™ Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine 	Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis		Moderate Complexity					
 Extensive 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus Elective major OR, ER major surgery, parenteral controlled substances, DNR decision 	Extensive CV Imaging (risk), EPS, endoscopy (risk)	• High	High Complexity					

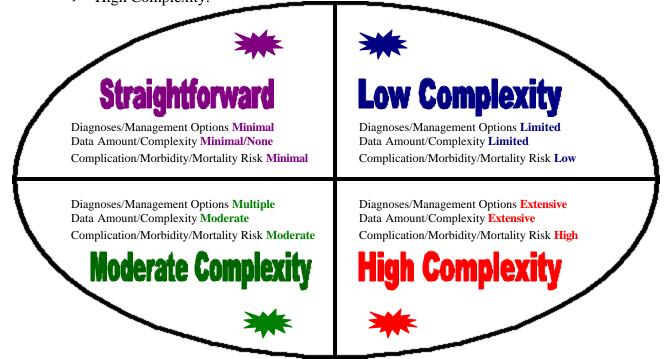
Medical Decision Making

According to the HCFA 1997 Documentation Guidelines for Evaluation and Management Services, "Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

- > The number of possible diagnoses and/or the number of management options that must be considered;
- ➤ The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed; and
- The risk of significant complications, morbidity and/or mortality as well as comorbidities associated with the patient's presenting problem(s), the diagnostic procedure(s), and/or the possible management options."⁵⁰

The type of medical decision making is determined based on the number of considerations required in management of the patient's condition(s), and is more subjective than guidelines addressing history and physical examination. The complexity of establishing a diagnosis and/or management option measurements include minimal, limited, multiple, and extensive. The amount and/or complexity of the data measurements include minimal/none, limited, moderate, and extensive. The level of risk options include minimal, low, moderate, and high. Once the extent of diagnoses/management options, amount and/or complexity of data to be reviewed, and risk of complications and/or morbidity or mortality are determined, the type of medical decision making can be established. "Four (4) types of medical decision making are recognized based on documentation of the above mentioned management options:

- > Straightforward,
- ➤ Low Complexity,
- > Moderate Complexity, and
- ➤ High Complexity."⁵¹



⁵⁰ HCFA, 1997, p. 43

⁵¹ Kirschner, 2000, p. 7



The Iowa Foundation For Medical Care

Number of Diagnoses or Management Options

"The number of possible diagnoses and/or the number of management options that must be considered are based on the number and types of problems addressed during the encounter, the complexity of establishing a diagnosis, and the management decisions made by the physician." The following four (4) terms and definitions are a combination of information found in the Complexity of Medical Decision Making Table and the Table of Risk:

- ➤ Minimal Diagnoses: One (1) self limited or minor problem.
- ➤ Limited Diagnoses: Two (2) or more self-limited/minor problems, one (1) stable chronic illness or an acute uncomplicated illness/injury.
- Multiple Diagnoses: One (1) or more chronic illnesses with mild exacerbation, two (2) or more stable chronic illnesses, undiagnosed new problem (uncertain prognosis), acute illness with systemic symptoms, or acute complicated injury.
- Extensive Diagnoses: One (1) or more chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function, (e.g., multiple trauma, acute MI, or pulmonary embolus), or an abrupt change in neurological status.

"Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M service *unless* their presence significantly increases the complexity of the medical decision making." ⁵³

"Generally, medical decision making, with respect to a diagnosed problem, is easier than an identified but undiagnosed problem. The number and type of diagnostic tests employed may be an indicator of the number of possible diagnoses. 'Improving or resolving problems' are less complex than 'worsening or failing to change as expected' problems. The need to seek advice from others is another indicator of complexity of diagnostic or management problems.

An assessment, clinical impression, or diagnosis should be documented for each encounter. It may be explicitly stated or implied in documented decisions regarding management plans and/or further evaluation.

- For a presenting problem with an established diagnosis the record should reflect whether the problem is:
 - Improved, well controlled, resolving, or resolved.
 - Inadequately controlled, worsening, or failing to change as expected.
- For a presenting problem <u>without an established diagnosis</u>, the assessment or clinical impression may be stated in the form of differential diagnoses, or as a "possible," "probable," or "rule out" (R/O) diagnosis." ⁵⁴

Initiation of, or changes in treatment should be documented. Treatment includes a wide range of management options including patient instructions, nursing instructions, therapies, and medications.

If referrals are made, consultations requested, or advice sought, the medical record should indicate to whom or where the referral or consultation is made or from whom the advice is requested.

⁵³ Kirschner, 2000, p. 7

⁵⁴ HCFA, 1997, p. 44



⁵² HCFA, 1997, p. 44

Amount and/or Complexity of Data to Review

"The amount and complexity of data to be reviewed is based on the types of diagnostic testing ordered or reviewed. A decision to obtain and review old medical records and/or obtain history from sources other than the patient, increases the amount and complexity of data to be reviewed.

Discussion of contradictory or unexpected test results, with the physician who performed or interpreted the test, is an indication of the complexity of data being reviewed. Another indication of the complexity of data being reviewed includes an occasion when the physician, who ordered a test, may personally review the image, tracing, or specimen to supplement information from the physician who prepared the test report or interpretation.

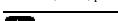
Documentation guidelines addressing the amount and/or complexity of data to be reviewed include:

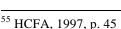
- ➤ If a diagnostic service (test or procedure) is ordered, planned, scheduled, or performed at the time of the E/M encounter, the type of service, e.g., laboratory or x-ray should be documented.
- ➤ The review of laboratory, radiology, and/or other diagnostic tests should be documented. A simple notation such as "WBC elevated" or "chest x-ray unremarkable" is acceptable. Alternatively, the review may be documented by initialing and dating the report containing the test results.
- ➤ A decision to obtain old records or obtain additional history from the family, caretaker, or other source to supplement that obtained from the patient should be documented.
- ➤ Relevant findings from review of old records, and/or receipt of additional history from the family, caretaker, or other source to supplement that obtained from the patient should be documented. It should be documented if there is no relevant information beyond information already obtained. A notation of "Old records reviewed" or "additional history obtained from family" without elaboration is insufficient.
- ➤ The results of discussion of laboratory, radiology, or other diagnostic tests with the physician who performed or interpreted the study should be documented.
- ➤ The direct visualization and independent interpretation of an image, tracing, or specimen previously or subsequently interpreted by another physician should be documented."⁵⁵

The classification for amount and/or complexity of data to review is defined by HCFA as:

- Minimal or none,
- Limited.
- Moderate, and
- Extensive.

Examples of the classification terms are found in the Table of Risk, column three (3) on page 79 of this manual, and page 47, of the HCFA Guidelines.





Risk of Complications, Morbidity, and/or Mortality

"The risk of significant complications, morbidity, and/or mortality is based on the risks associated with the presenting problem(s), the diagnostic procedure(s), and the possible management options. Documentation guidelines addressing risk of significant complications, morbidity, and/or mortality include:

- ➤ Comorbidities/underlying diseases or other factors that increase the complexity of medical decision making by increasing the risk of complications, morbidity, and/or mortality should be documented.
- ➤ If a surgical or invasive diagnostic procedure is ordered, planned, or scheduled at the time of the E/M encounter, the type of procedure, e.g., laparoscopy, should be documented.
- ➤ If a surgical or invasive diagnostic procedure is performed at the time of the E/M encounter, the specific procedure should be documented.
- ➤ The referral for or decision to perform a surgical or invasive diagnostic procedure on an urgent basis should be documented or implied."⁵⁶

The table found on the next page defines the *level or risk* classification and provides examples of specific clinical information applicable to the each level of risk. Level of risk includes:

- Minimal.
- Low.
- Moderate, and
- High.

The table encompasses presenting problem(s), diagnostic procedure(s) ordered, and management options selected.

⁵⁶ HCFA, 1997, p. 46



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Table of Risk⁵⁷

"The highest level of risk in any one (1) category presenting problem(s), diagnostic procedures(s), or management option(s), determines the overall risk." 58

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	One self-limited or minor problem e.g., cold, insect bite, tinea corporis	 Lab tests requiring venipuncture. Chest x-rays EKG/EEG Urinalysis Ultrasound e.g., echocardiography KOH prep 	 Rest Gargles Elastic bandages Superficial dressings
Low	 Two or more self-limited or minor problems One stable chronic illness, e.g., well controlled hypertension, NIDD, cataract, BPH Acute uncomplicated illness or injury e.g., cystitis, allergic rhinitis, simple sprain 	 Physiologic tests not under stress, e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast e.g., barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies 	 Over the counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis e.g., lump in breast Acute illness with systemic symptoms e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury e.g., head injury with brief loss of consciousness	 Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsies Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis 	Minor surgery with identified risk factors Elective major surgery (open, percutaneous, or endoscopic with no identified risk factor) Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute/chronic illnesses/injuries that pose a threat to life or bodily function e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurological status e.g., seizure, TIA, weakness, sensory loss	 Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests (EPS) Diagnostic endoscopies with identified risk factors Discography 	Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous, or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

⁵⁷ HCFA, 1997, p.47 ⁵⁸ Ibid., p.46



Table of Risk

The level of risk must be determined prior to considering the type of medical decision making. An example of each of the categories in the Table of Risk is illustrated below:

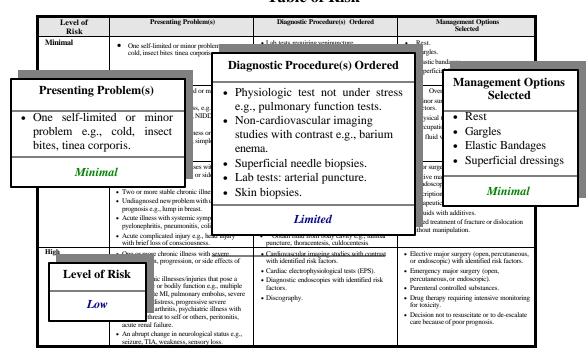


Table of Risk

To qualify for a given level of risk, the highest level of risk in any one (1) category (presenting problem, diagnostic procedures ordered, or management options selected) determines the level of risk. The following table demonstrates the application of the above Table of Risk categories.

Presenting Problem	Diagnostic Procedures Ordered	Management Options Selected	Level of Risk
Minimal	Minimal	Minimal	Minimal
Limited	Limited	Limited	Low
Multiple	Moderate	Multiple	Moderate
Extensive	Extensive	Extensive	High

The highest category was diagnostic procedures ordered (*limited*); therefore, the level of risk for this example is *low*.

Type of Medical Decision Making

To qualify for a given type of decision making, two (2) of the three (3) elements in the table must be either met or exceeded. The risk of complications, morbidity and mortality is determined by the Table of Risk. The following tables demonstrate the progression of the elements required for each type of medical decision making.

> **Example 1: Limited Number of Diagnoses/Management Options** + **Limited** Amount/Complexity of Data Reviewed + **Low** Risk of Complications/ Morbidity/Mortality = **Low Complexity** Type of Decision Making. All of the categories are consistent with Low Complexity Medical Decision Making.

Number of Diagnoses/ Management Options	Amount/Complexity of Data Reviewed	Risk of Complications/ Morbidity/Mortality	Type of Decision Making
Minimal	Minimal or None	Minimal	Straightforward
Limited -	Limited -	Low 🖨	Low Complexity
Multiple	Moderate	Moderate	Moderate Complexity
Extensive	Extensive	High	High Complexity

Example 2: Limited Number of Diagnoses/Management Options + **Moderate** Amount/Complexity of Data Reviewed + **Moderate** Risk of Complications/Morbidity/Mortality = **Moderate** Complexity Type of Decision Making. Two (2) of the three (3) elements must be met or exceeded.

Number of Diagnoses/ Management Options	Amount/Complexity of Data Reviewed	Risk of Complications/ Morbidity/Mortality	Type of Decision Making
Minimal	Minimal or None	Minimal	Straightforward
Limited 5	Limited	Low	Low Complexity
Multiple V	Moderate 🖨	Moderate 🖨	Moderate Complexity
Extensive	Extensive 1	High	High Complexity

Proceed to the next pages for practice activities in assigning the appropriate level of medical decision.

Medical Decision Making Practice Outpatient Service Scenarios

The following cases, A, B, and C, are provided as exercises for applying the information contained in the Medical Decision Making section.

Elements applied in determining the recommended level of physical examination are in bold italic lettering. Documentation addressing the patient physical examination is underlined. Text referring to the patient category remains shaded.

Patient A:

Patient A is a 42 year old male who is seen for the first time in the Family Practice clinic with a <u>laceration</u> and <u>abrasions of the right upper arm</u>. The injury occurred during renovation of an old building. A board with nails fell from a beam and grazed the right arm. The wound was <u>oozing blood</u> <u>after the incident occurred</u>. The arm was tightly wrapped with a towel at the scene.

The patient history is negative – no medications and no past surgeries.

Allergies: Sulfa

Vital Signs: BP - 124/78, P - 56, T - 37.8

The patient appears in no distress. The wound involves the subcutaneous tissue layer, and is 3cm in length. Edges are jagged. No bleeding noted on examination.

Treatment: Wound cleansed, rough edges trimmed, steri-strips and dressing applied. Patient instructed to return if redness, pain, or swelling occurs.

Tetanus Toxoid vaccination given.

<u>What is the level of medical decision making?</u> Select the elements documented on the medical decision portion of the worksheet. Then determine the level of medical decision making e.g., straightforward, low complexity.

<u>KEY</u> <u>DOCUMENTATION</u>

Patient Type/Category
Patient History
Patient Physical Examination

Shaded

Underlined

Bold/Italics

Patient A Medical Decision Making Worksheet

D-4°4 11°-4							
(Clied lit			Patient Histor	y	* N D 4' 4	E de les de la company	
✓ Chief Complaint To qualify for a given type of history	all three elements (UD)	I DO	C DECU) in the tab	la must l	✓ New Patient	Established Patient	
HPI	, au inree eiemenis (111 1	RO		ie musi i	PFSH	Type of History	
✓ Location • Timing	✓ Allergic/Imm	Eye		Skel	✓ Past History	Documentation of history of	
• Quality ✓ Context		GI	• Neurol		Family History	present illness, review of	
✓ Severity • Mod Factor		GU	Psychia	_	Social History	systems, and past, family and/or	
• Duration ✓ Assoc S&S	5 1	· CV	Respira		Bookii Thistory	social history establishes the	
Duluion			ocrine			type of history.	
• Brief HPI = 1-3	<u> </u>					Problem Focused	
• Brief HPI = 1-3	Problem Pertinent I	ROS =	Related System			• Expanded Problem Focused	
✓ Extended HPI = 4 or >/3 Chr	✓ Extended ROS = 2-				✓ Pertinent PFSH = 1	✓ Detailed	
• Extended HPI = 4 or >/3 Chr	• Complete ROS = 10	_			• Complete = 2-3	Comprehensive	
	Gener	ral N	Aulti-System	Exam	ination	•	
Constitutional	Cardiovascular		Neurologic		Eyes	Type of Examination	
Vital Signs (3)	Palpation Heart		Test Cranial Ne	rves	 Conjunctivae, Lids 	Perform and Document:	
BP ↑/↓ Temp	 Auscultation Heart 		• DTR		 Pupils, Irises 		
$BP \rightarrow Height$	 Carotid Arteries 		 Sensation 		 Optic Discs 	✓ Problem Focused: 1-5	
Pulse RR Weight	 Abdominal Aorta 			Genito	urinary	bulleted (€) elements	
Respiration	 Femoral Arteries 		<u>Male</u>		<u>Female</u>		
✓ General Appearance	 Pedal Pulses 		 Scrotum 	• Ger	italia • Cervix	• Expanded Problem Focused:	
<u>Gastrointestinal</u>	 Extremities 		 Penis 	• Ure	thra • Uterus	6 or > bulleted (€) elements	
Mass/Tenderness	Respiratory	_	 Prostate 	• Blac	dder • Adnexa	- Detailed: 2 on hullstad (=)	
Liver, Spleen	 Respiratory Effort 				<u>oskeletal</u>	• Detailed: 2 or > bulleted (€) elements of 6 systems or 12	
 Exam for Hernia 	Percussion Chest Gait/Station				pect/Palpate Digits/Nails	or > bulleted (€) elements in	
Anus/Perineum/Rectum	 Palpation Chest Joints/Bones/Muscle 					2 or > systems	
Stool Occult/Indicated	Auscultation Lungs Insp/Palp				 Stability 	2 of > Systems	
<u>ENMT</u>	<u>Skin</u>		• ROM		Tone, Strength	Comprehensive: Perform	
 External Ears & Nose 	✓ Inspect Sub-q Tissue				<u>hiatric</u>	all elements identified by a	
 Aud Canal, Tymp Membrane 	✓ Palpate Sub-q Tissue	е	 Judgement, Insi 	ght	 MSE: Memory 	bullet (€) in at least 9	
Hearing	Lymphatic		• MSE: TPP		MSE: Mood, Affect	organ systems/body areas	
 Nasal Mucosa, Sept, Turb 	 Lymph Nodes 2 or > 		<u>Neck</u>		Chest/Breast	and document at least 2	
• Lips, Teeth, Gums	Neck Groin		Neck Exam		Inspect Breasts	bulleted (€) elements from	
Oropharynx	Axillae Other		Thyroid Exam		Palp Breasts/Axillae	each of 9 systems/areas	
To the Control of the Control			ical Decision				
To qualify for a given type of decision	n making, two of the thr	ee ete				T	
Number of Diagnoses */Manag	gement Options -		Amount/Complexi Data to be Review		Risk of Complications/ <u>Morbidity/Mortality</u>	Type of <u>Medical Decision Making</u>	
Minimal		• N	Minimal or None Minimal			Straightforward	
* One self-limited or minor proble	em		enipuncture labs, C	XR,		Saugnavi ward	
Rest, gargles, superficial dressings			EKG, UA, Ultrasour	,			
• Limited			imited		• Low	Low Complexity	
\div 2 or > self-limited/minor problem	ns, 1 stable chronic	Non-Stress tests/pulmonary					
illness/acute uncomplicated illne	SS		unction, superficial	needle			
Over the counter drugs, minor OR		biopsy, labs arterial					
OT/PT, IV fluids without additives	S	puncture, non-CV imaging					
Multiple			I oderate		 Moderate 	 Moderate Complexity 	
* 1 or > chronic illnesses with mild exacerbation, 2 or >		Stress studies, endoscopies					
stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms,		(no risk), CV imaging (no					
acute complicated injury		risk) e.g., arteriogram, angiogram, fluid from body					
 Minor OR (risk identified), elective 	e major OR,	cavity e.g., thoracentesis					
prescription drug mgmt, IV fluids with additives, closed							
tx of fractures, therapeutic nuclear medicine							
Extensive			Extensive		• High	High Complexity	
❖ 1 or > chronic illnesses with seve	re exacerbation,		CV Imaging (risk), E	PS,			
acute/chronic illnesses/injuries v		e	ndoscopy (risk)				
life/bodily function e.g., multiple	trauma, acute MI,						
pulmonary embolus	1						
Elective major OR, ER major surg							
controlled substances, DNR decision	ОП]					

Medical Decision Making Practice Outpatient Service Scenarios (Continued)

Patient B:

Patient B is an 8 year old female who was recently seen in the Pediatric clinic with tonsillitis. Returns today for <u>follow-up visit</u>. <u>Feeling better</u>. <u>Denies sore throat</u>. <u>Occasional nonproductive cough</u>. <u>Denies nausea, vomiting, or diarrhea</u>.

Patient medical history is positive for frequent URIs. No surgeries. Family history negative.

Lives with mother, father, and three siblings. Has missed 10 days of school.

Current Medications: Sudafed, Amoxicillin

Allergies: None

Vital Signs: BP - 86/54, P - 100, R - 24, T - 37.8, Wt - 23kg, Ht - 108cm

Exam: Color improved. Alert and oriented x3; Ears: Tympanic Membranes: clear; Throat: tonsils, slight atrophy without inflammation; Mouth: mucus membranes moist; no nasal drainage; Neck: no masses; Chest: clear; CV: regular without murmur; Abdomen: no masses/tenderness, liver/spleen normal.

Impression: Tonsillitis improved. Continue antibiotics until gone.

<u>What is the level of medical decision making</u>? Select the elements documented on the medical decision portion of the worksheet. Then determine the level of medical decision making e.g., straightforward, low complexity.

KEY DOCUMENTATION

Patient Type/Category
Patient History
Patient Physical Examination

Shaded
Underlined
Bold/Italics

${\it Patient \ B}$ Medical Decision Making Worksheet Scenario, Continued

Patient History							
✓ Chief Complaint				<i>/</i>	New Patient	✓ Established Patient	
To qualify for a given type of history	, all three elements (H	IPI, ROS	S, PFSH) in the table	must	be met.		
<u>HPI</u>		ROS			PFSH	Type of History	
✓ Location • Timing	✓ Allergic/Imm	• Eyes	Musc/Ske		✓ Past History	Documentation of history of	
Quality✓ Context✓ Mod Factor	Constitutional	✓ GI	Neurologi		✓ Family History	present illness, review of	
J	Hem/Lymph✓ ENMT	• GU • CV	 Psychiatri ✓ Respirate 		✓ Social History	systems, and past, family and/or social history establishes the	
■ Duration ✓ Assoc S&S	Integument	• Cv • Endo	_	Лу		type of history.	
• Brief HPI = 1-3	• integument	Elido	Cilie			• Problem Focused	
✓ Brief HPI = 1-3	Problem Pertiner	t DOS -	- Doloted System			✓ Expanded Problem Focused	
• Extended HPI = 4 or >/3 Chr	✓ Extended ROS =				• Pertinent PFSH = 1	Detailed	
• Extended HPI = 4 or >/3 Chr	• Complete ROS =				✓ Complete = 2-3	Comprehensive	
Extended III I = 4 01 7/3 CIII			Multi-System F	Cxan		Comprehensive	
Constitutional	Cardiovascula		Neurological		Eyes	Type of Examination	
✓ Vital Signs (3)	Palpation Heart	**	Test Cranial Ner		Conjunctivae, Lids	Perform and Document:	
BP ↑/↓ Temp	✓ Auscultation Hea	rt	• DTR		 Pupils, Irises 		
$\mathrm{BP} o \mathrm{Height}$	 Carotid Arteries 		 Sensation 		Optic Discs	• Problem Focused: 1-5 bulleted	
Pulse RR Weight	Abdominal Aorta			Genito	ourinary	(€) elements	
Respiration	 Femoral Arteries 		<u>Male</u>		<u>Female</u>		
✓ General Appearance	 Pedal Pulses 		Scrotum	• Ge	nitalia • Cervix	• Expanded Problem Focused: 6	
<u>Gastrointestinal</u>	 Extremities 		• Penis	• Ure		or > bulleted (€) elements	
✓ Mass/Tenderness	Respiratory		Prostate	• Bla		✓ Detailed: 2 or > bulleted (€)	
✓ Liver, Spleen	 Respiratory Effort 		_		<u>oskeletal</u>	elements of 6 systems or 12 or	
• Exam for Hernia	Percussion Chest		Gait/Station		spect/Palpate Digits/Nails	> bulleted (€) elements in 2 or	
Anus/Perineum/Rectum	Palpation Chest		Joints/Bones/Mu			> systems	
Stool Occult/Indicated	✓ Auscultation Lung	gs	Insp/Palp		Stability		
ENMT	Skin		• ROM		Tone, Strength	Comprehensive: Perform	
✓ External Ears & Nose	Inspect Sub-q Tiss				<u>hiatric</u>	all elements identified by a	
✓ Aud Canal, Tymp Membrane	Palpate Sub-q Tiss	sue	Judgement, Insign	ht	MSE: Memory	bullet (€) in at least 9	
• Hearing	<u>Lymphatic</u>		✓ MSE: TPP		MSE: Mood, Affect	organ systems/body areas	
✓ Nasal Mucosa, Sept, TurbLips, Teeth, Gums	Lymph Nodes 2 orNeckGr		<u>Neck</u> ✓ Neck Exam		Chest/Breast	and document at least 2	
✓ Oropharynx	• Axillae • Oth		Thyroid Exam		Inspect BreastsPalp Breasts/Axillae	bulleted (€) elements from each of 9 systems/areas	
- оторишуна	- Axinac - On		lical Decision N	/Jaki		cacif of 2 systems/areas	
To qualify for a given type of decisio	n making, two of the t						
N. I. CD M.			Amount/Complexity		Risk of Complications/		
Number of Diagnoses */Manage	ment Options -	1	Data to be Reviewed		Morbidity/Mortality	Medical Decision Making	
Minimal			imal or None		• Minimal	Straightforward	
 One self-limited or minor proble 	m		ipuncture labs, CXR,				
- Rest, gargles, superficial dressings			G, UA, Ultrasound				
Limited		• Lim			• Low	• Low Complexity	
* 2 or > self-limited/minor problem		Nor	n-Stress tests/pulmona	ry			
illness/acute uncomplicated illnes Over the counter drugs, minor OR		function, superficial needle					
OT/PT. IV fluids without additives	\ //	biopsy, labs arterial puncture, non-CV imaging					
• Multiple	•	• Mod	<u> </u>		Moderate	Moderate Complexity	
* 1 or > chronic illnesses with mild	exacerbation. 2 or		ss studies, endoscopi	es	1120001000	- Moderate Complexity	
> stable chronic illnesses, new pr			risk), CV imaging (no				
prognosis), acute illness with systemic symptoms,		risk	e.g., arteriogram,				
acute complicated injury			iogram, fluid from bo	dy			
	Minor OR (risk identified), elective major OR,		cavity e.g., thoracentesis				
prescription drug mgmt, IV fluids with additives,							
closed tx of fractures, therapeutic nuclear medicine			andina.		- High	High County 1	
• Extensive	o ava an-l-atta	• Exte			• High	High Complexity	
\$1 or > chronic illnesses with sever acute/chronic illnesses/injuries w			Imaging (risk), EPS, oscopy (risk)				
life/bodily function e.g., multiple		Cird	озсору (пак)				
pulmonary embolus							
- Elective major OR, ER major surge	ery, parenteral						
controlled substances, DNR decisi							

Medical Decision Making Practice Outpatient Service Scenarios (Continued):

Patient C:

Cardiology Office Visit: The primary care provider requested a cardiology consultation for <u>evaluation</u> and/or <u>management of congestive heart failure</u>. The patient was seen <u>yesterday</u> by the primary care provider. The <u>EKG showed atrial fibrillation and the chest x-ray indicated congestive heart failure</u>. Laboratory results are being faxed to the office.

Patient C is a new patient to the Cardiology clinic. He is a 62 year old male with a <u>new onset of</u> congestive heart failure.

Chief Complaint: Patient referred with <u>recent findings of CHF</u>. <u>Experiencing shortness of breath and palpitations</u>. <u>Symptoms are precipitated by mowing lawn or with walking approximately five (5) blocks</u>. <u>Denies chest pain</u>.

<u>History:</u> No personal or family history of CAD, MI, or CA. Surgeries include lap cholecystectomy 10 years ago. On no medication. Occasional alcohol, has not smoked for 8 years.

Allergies: Penicillin

Vital Signs: BP – R130/86, L134/86, P – 120, R – 24, T – 37.0, Weight – 65kg, Height – 150cm

Exam: Appears older than stated age, retired. CV: pulse irregular rhythm, no murmur, faint bilateral rales. Neck: carotid – no bruit, no JVD. Abdomen: no masses/tenderness, liver/spleen wnl. Extremities: Femoral pulses strong, equal; Bilateral pedal pulses faint. 1+ ankle edema. Decreased exercise tolerance.

EKG – Atrial Fibrillation

Impression: New onset Atrial Fib, CHF

Plan: Anticoagulation, 2D Echo, Cardioversion, R/O CAD, Cardiac Profile

What is the level of medical decision making? Select the elements documented on the medical decision portion of the worksheet. Then determine the level of medical decision making e.g., straightforward, low complexity.

<u>KEY</u> <u>DOCUMENTATION</u>

Patient Type/Category
Patient History
Patient Physical Examination

Shaded
Underlined
Bold/Italics

Patient C Medical Decision Making Worksheet Scenarios

Patient History								
		Patient	History					
✓ Chief Complaint	Hal I (TID)	DOG DEGIN		✓ New Patient	Established Patient			
To qualify for a given type of history, a HPI	ll three elements (HPI	ROS, PFSH) in t	the table must be	PFSH	The state of the s			
✓ Location ✓ Timing • Quality • Context • Severity ✓ Mod Factor ✓ Duration ✓ Assoc S&S	✓ Allergic/Imm • Constitutional • Hem/Lymph • ENMT	• Eyes • GI • GU • CV	Musc/Skel Neurological Psychiatric Respiratory	✓ Past History ✓ Family History ✓ Social History	Type of History Documentation of history of present illness, review of systems, and past, family and/or social history establishes the			
	Integument	Endocrine			type of history.			
• Brief HPI = 1-3					Problem Focused			
• Brief HPI = 1-3	Problem Pertinent Problem Pertinent		System		• Expanded Problem Focused			
✓ Extended HPI = 4 or >/3 Chr	✓ Extended ROS =			• Pertinent PFSH = 1	✓ Detailed			
• Extended HPI = 4 or >/3 Chr	• Complete ROS =			✓ Complete = 2-3	Comprehensive			
	Ca	ardiovascula	r Examinat	ion				
Constitutional ✓ Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration ✓ General Appearance Gastrointestinal ✓ Mass/Tenderness ✓ Liver, Spleen	Cardiova Palpation Heart Auscultation Hear BP 2 or > Extrem Carotid Arteries Abdominal Aorta Femoral Arteries Pedal Pulses Peripheral Edema	t ities	Respiratory Auscultation Inspect/Palp Jugular Vei Thyroid Exa	Extremities ate Digits/Nails Neck ns Exam	Type of Examination Perform and Document: • Problem Focused: 1-5 bulleted (•) elements • Expanded Problem Focused: 6 or > bulleted (•) elements ✓ Detailed: 12 or > bulleted (•)			
ENMT Inspect Teeth, Gums, Palate Inspect Oral Mucosa Note Pallor/Cyanosis	• Back: Kyphosis • Gait/Ability to Ex • Muscle Strength/I • Conjunctive, Lids	sercise Cone	Brief MSE:	Neuro/Psych Time, Place, Person	Comprehensive: Perform all elements identified by a bullet (•), document all elements in a box with a border and 1 element in each box with no border.			
	1	Medical Deci	ision Makin	ισ				
To qualify for a given type of decision i	naking, two of the thre	ee elements in the	table must be ei	ther met or exceeded.				
Number of Diagnoses */Manager		Amount/Complexity Data to be Reviewed Risk of Complication Morbidity/Mortali						
 Minimal One self-limited or minor problem Rest, gargles, superficial dressings 		Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound			Straightforward			
Limited 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness Over the counter drugs, minor OR (no identified risk), OT/PT. IV fluids without additives		Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture non-CV imaging		• Low	Low Complexity			
stable chronic illnesses, new proble prognosis), acute illness with systen complicated injury Minor OR (risk identified), elective m prescription drug mgmt, IV fluids wit	 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine Extensive 		, endoscopies (no ging (no risk) am, angiogram, dy cavity e.g.,	• Moderate	Moderate Complexity High Complexity			
 1 or > chronic illnesses with severe acute/chronic illnesses/injuries with life/bodily function e.g., multiple trapulmonary embolus Elective major OR, ER major surgery controlled substances, DNR decision 	threat to auma, acute MI, , parenteral	CV Imaging (endoscopy (ri						

Medical Decision Making Answers

The text addressing the Decision Making is [Bold Brackets].

Patient A:

Patient A is a 42 year old male who is seen for the first time in the Family Practice clinic with a [laceration and abrasions of the right upper arm]. The injury occurred during renovation of an old building. A board with nails fell from a beam and grazed the right arm. The wound was <u>oozing blood</u> after the incident occurred. The arm was tightly wrapped with a towel at the scene.

The patient history is negative – no medications and no past surgeries.

Allergies: Sulfa

Vital Signs: BP - 124/78, P - 56, T - 37.8

The patient appears in no distress. The wound involves the subcutaneous tissue layer, and is 3cm in length. Edges are jagged. No bleeding noted on examination.

Treatment: [Wound cleansed, rough edges trimmed, steri-strips and dressing applied. Patient instructed to return if redness, pain, or swelling occurs. Tetanus Toxoid vaccination given.]

What is the level of medical decision making? Select the elements documented on the medical decision portion of the worksheet. The patient history and the level of physical examination are displayed from the previous history and physical examination activity.

KEY

DOCUMENTATION

Patient Type/Category
Patient History
Patient Physical Examination
Patient Medical Decision

Shaded
Underlined
Bold/Italics
[Bracket]

${\it Patient}\ A\ {\it Medical\ Decision\ Making\ Worksheet\ Answers}$

Patient History							
✓ Chief Complaint	· · · · · · · · · · · · · · · · · · ·						
To qualify for a given type of history	, all three elements (H	PI. ROS	S. PFSH) in the tab	le must i		Established Patient	
HPI		ROS			PFSH	Type of History	
✓ Location • Timing	✓ Allergic/Imm	• Eyes		cel	✓ Past History	Documentation of history of	
 Quality ✓ Context 	 Constitutional 	• GI	 Neurolo 	gical	 Family History 	present illness, review of	
 ✓ Severity Mod Factor 	 Hem/Lymph 	• GU	 Psychiat 	ric	 Social History 	systems, and past, family and/or	
■ Duration ✓ Assoc S&S	• ENMT • CV • Respiratory					social history establishes the	
	✓ Integument	• Endo	crine		type of history.		
• Brief HPI = 1-3						• Problem Focused	
• Brief HPI = 1-3	• Problem Pertinen	t ROS =	= Related System			• Expanded Problem Focused	
✓ Extended HPI = 4 or >/3 Chr	✓ Extended ROS =	2-9 Sys	tems		✓ Pertinent PFSH = 1	✓ Detailed	
• Extended HPI = $4 \text{ or } >/3 \text{ Chr}$	• Complete ROS =	10 or >	Systems		• Complete = 2-3	 Comprehensive 	
	Gene	eral N	Iulti-System I	Exami	ination		
Constitutional	Cardiovascula		Neurologic		Eves	Type of Examination	
• Vital Signs (3)	Palpation Heart	_	Test Cranial No.		Conjunctivae, Lids	Perform and Document:	
BP ↑/↓ Temp	 Auscultation Heart 	į	• DTR		 Pupils, Irises 		
BP → Height	 Carotid Arteries 		 Sensation 		Optic Discs	✓ Problem Focused: 1-5	
Pulse RR Weight	Abdominal Aorta			Genito	urinary	bulleted (€) elements	
Respiration	 Femoral Arteries 		<u>Male</u>		Female		
✓ General Appearance	 Pedal Pulses 		• Scrotum	• Ge	nitalia • Cervix	• Expanded Problem Focused:	
Gastrointestinal	 Extremities 		 Penis 	• Ure	ethra • Uterus	6 or > bulleted (€) elements	
Mass/Tenderness	Respiratory		Prostate	• Bla	ndder • Adnexa	D.4.9.1. 4 1 1 1	
Liver, Spleen	 Respiratory Effort 			Muscul	oskeletal	• Detailed: 2 or > bulleted (€)	
Exam for Hernia	 Percussion Chest 	 Gait/Station 		pect/Palpate Digits/Nails	elements of 6 systems or 12 or > bulleted (€) elements in		
Anus/Perineum/Rectum	 Palpation Chest 		 Joints/Bones/M 	luscles 1	or > of 6 areas	or > buneted (€) elements in 2 or > systems	
Stool Occult/Indicated	Auscultation Lungs Insp/Palp				 Stability 	2 of > systems	
ENMT	<u>Skin</u>		 ROM 		 Tone, Strength 	• Comprehensive: Perform	
External Ears & Nose	✓ Inspect Sub-q Tis		Psychiatric			all elements identified by a	
 Aud Canal, Tymp Membrane 	✓ Palpate Sub-q Tiss	sue	 Judgement, Insight MSE: Memory 		bullet (€) in at least 9		
Hearing	Lymphatic		• MSE: TPP		 MSE: Mood, Affect 	organ systems/body areas	
Nasal Mucosa, Sept, Turb	 Lymph Nodes 2 or 	r >	Neck		Chest/Breast	and document at least 2	
• Lips, Teeth, Gums	Neck Great	oin	Neck Exam		Inspect Breasts	bulleted (€) elements from	
 Oropharynx 	• Axillae • Otl	her	 Thyroid Exam 		 Palp Breasts/Axillae 	each of 9 systems/areas	
		Medi	ical Decision I	Makir	1g		
To qualify for a given type of decision	n making, two of the t						
		A	Amount/Complexit	У	Risk of Complications/	Type of	
Number of Diagnoses */Manage	ment Options -	I	Data to be Reviewe	<u>d</u>	Morbidity/Mortality	Medical Decision Making	
	_						
✓ Minimal			nimal or None • Minimal		✓ Straightforward		
• One self-limited or minor proble	m		nipuncture labs, CXR, G, UA, Ultrasound				
Rest, gargles, superficial dressings			<u> </u>		T		
• Limited	as 1 stable ab		mited		• Low	Low Complexity	
* 2 or > self-limited/minor problem illness/acute uncomplicated illnes		Non-Stress tests/pulmonary function, superficial needle					
Over the counter drugs, minor OR			biopsy, labs arterial puncture,				
OT/PT, IV fluids without additives		_	n-CV imaging				
• Multiple	:	• Mod			✓ Moderate	Moderate Complexity	
* 1 or > chronic illnesses with mild	exacerbation. 2 or		ess studies, endosco	oies			
			risk), CV imaging (
prognosis), acute illness with systemic symptoms,		risk	e.g., arteriogram,				
acute complicated injury			iogram, fluid from l	-			
	- Minor OR (risk identified), elective major OR,		cavity e.g., thoracentesis				
prescription drug mgmt, IV fluids with additives,							
closed tx of fractures, therapeutic nuclear medicine					*** *		
• Extensive		• Exte		,	• High	High Complexity	
* 1 or > chronic illnesses with sever			Imaging (risk), EPS	ν,			
acute/chronic illnesses/injuries w		end	oscopy (risk)				
life/bodily function e.g., multiple pulmonary embolus	u auma, acute MII,						
- Elective major OR, ER major surge	ery, parenteral						
controlled substances, DNR decision							
STATE GOODS	-				<u> </u>	ı	

Medical Decision Making Answers (Continued)

The text addressing the Decision Making is [Bold Brackets].

Patient B:

Patient B is an 8 year old female who was recently seen in the Pediatric Clinic with tonsillitis. Returns today for <u>follow-up visit</u>. <u>Feeling better</u>. <u>Denies sore throat</u>. <u>Occasional nonproductive cough</u>. <u>Denies nausea</u>, vomiting, or diarrhea.

Patient medical history is positive for frequent URIs. No surgeries. Family history negative.

Lives with mother, father, and three siblings. Has missed 10 days of school.

Current Medications: Sudafed, Amoxicillin

Allergies: None

Vital Signs: BP - 86/54, P - 100, R - 24, T - 37.8, Wt - 23kg, Ht - 108cm

Exam: Color improved. Alert and oriented x3; Ears: Tympanic Membranes: clear; Throat: tonsils, slight atrophy without inflammation; Mouth: mucus membranes moist; no nasal drainage; Neck: no masses; Chest: clear; CV: regular without murmur; Abdomen: no masses/tenderness, liver/spleen normal.

Impression: [Tonsillitis improved. Continue antibiotics until June.]

<u>KEY</u> <u>DOCUMENTATION</u>

Patient Type/Category
Patient History
Patient Physical Examination
Patient Medical Decision

Shaded
Underlined
Bold/Italics
[Bracket]

${\it Patient B}$ Medical Decision Making Worksheet

		Pa	atient Histor	y			
✓ Chief Complaint				_	New Patient	✓ Established Patient	
To qualify for a given type of history	, all three elements (HPI		PFSH) in the tab	le must			
HPI	« A11	ROS	3.6 (0)		PFSH	Type of History	
✓ Location • Timing		Eyes	• Musc/S		✓ Past History	Documentation of history of	
• Quality • Context		GI	Neurolo	_	✓ Family History	present illness, review of	
✓ Severity • Mod Factor	, i	GU	• Psychia		✓ Social History	systems, and past, family and/or	
Duration ✓ Assoc S&S		CV	✓ Respira	tory		social history establishes the	
	• Integument •	Endoc	rine			type of history.	
• Brief HPI = 1-3						Problem Focused	
✓ Brief HPI = 1-3	Problem Pertinent I					✓ Expanded Problem Focused	
• Extended HPI = 4 or >/3 Chr	✓ Extended ROS = 2-	9 Syste	ems		• Pertinent PFSH = 1	Detailed	
• Extended HPI = $4 \text{ or } >/3 \text{ Chr}$	• Complete ROS = 10	or > S	ystems		✓ Complete = 2-3	Comprehensive	
	Gener	al M	ulti-System l	Exam	ination		
Constitutional	Cardiovascular		Neurologic		Eyes	Type of Examination	
• Vital Signs (3)	Palpation Heart		Test Cranial No.		Conjunctivae, Lids	Perform and Document:	
BP ↑/↓ Temp	✓ Auscultation Heart		• DTR		Pupils, Irises		
$BP \rightarrow Height$	Carotid Arteries		 Sensation 		Optic Discs	• Problem Focused: 1-5	
Pulse RR Weight	Abdominal Aorta	F		Genite	ourinary	bulleted (€) elements	
Respiration	Femoral Arteries		Male	Semil	Female	(-)	
✓ General Appearance	Pedal Pulses		• Scrotum	• Ger	nitalia • Cervix	• Expanded Problem Focused:	
Gastrointestinal	Extremities		• Penis	• Ure		6 or > bulleted (€) elements	
✓ Mass/Tenderness			• Prostate	• Bla		3 3 3 7 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
✓ Liver, Spleen	Respiratory Respiratory Effort	-			oskeletal	✓ Detailed: 2 or > bulleted (€)	
	1 2					elements of 6 systems or 12	
Exam for Hernia Anus/Perineum/Rectum	Percussion Chest		Gait/Station		pect/Palpate Digits/Nails	or > bulleted (€) elements in	
	Palpation Chest Joints/Bones/Musc					2 or > systems	
Stool Occult/Indicated	✓ Auscultation Lungs • Insp/Palp				Stability	·	
ENMT	<u>Skin</u>	_	• ROM		Tone, Strength	Comprehensive: Perform	
✓ External Ears & Nose	 Inspect Sub-q Tissue 		Psychiatric			all elements identified by a	
✓ Aud Canal, Tymp Membrane	 Palpate Sub-q Tissue 				 MSE: Memory 	bullet (€) in at least 9	
Hearing	Lymphatic	L	✓ MSE: TPP		MSE: Mood, Affect	organ systems/body areas	
✓ Nasal Mucosa, Sept, Turb	 Lymph Nodes 2 or > 		<u>Neck</u>		Chest/Breast	and document at least 2	
 Lips, Teeth, Gums 	Neck Groin	ı	✓ Neck Exam		 Inspect Breasts 	bulleted (€) elements from	
✓ Oropharynx	Axillae Other	Thyroid Exam		Palp Breasts/Axillae	each of 9 systems/areas		
	N	Iedic	cal Decision I	Makii	ng		
To qualify for a given type of decision							
1 000 0 01	<i>.</i>		Amount/Complex		Risk of Complications/	Type of	
Number of Diagnoses */Manag	gement Options -		Data to be Reviev		Morbidity/Mortality	Medical Decision Making	
-							
✓ Minimal			inimal or None		• Minimal	✓ Straightforward	
 One self-limited or minor proble 	m		Venipuncture labs, CXR,				
 Rest, gargles, superficial dressings 			KG, UA, Ultrasou	nd			
• Limited			mited		• Low	• Low Complexity	
\div 2 or > self-limited/minor problem		Non-Stress tests/pulmonary					
illness/acute uncomplicated illnes			nction, superficial	needle			
Over the counter drugs, minor OR		biopsy, labs arterial					
OT/PT, IV fluids without additives	8	puncture, non-CV imaging					
Multiple			oderate		✓ Moderate	• Moderate Complexity	
❖ 1 or > chronic illnesses with mild exacerbation, 2 or >			ress studies, endos				
stable chronic illnesses, new problem (uncertain			o risk), CV imagin				
prognosis), acute illness with systemic symptoms, acute			sk) e.g., arteriogran				
complicated injuryMinor OR (risk identified), elective	major OP	angiogram, fluid from body					
		cavity e.g., thoracentesis					
prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine							
• Extensive		_ D-	etancina		- Uigh	High Commitmeter	
			tensive	ZDC	• High	High Complexity	
* 1 or > chronic illnesses with sever			V Imaging (risk), I doscopy (risk)	ırə,			
acute/chronic illnesses/injuries w life/bodily function e.g., multiple		en	doscopy (118K)				
pulmonary embolus	u auma, acute MII,						
 Elective major OR, ER major surge 	ery narenteral						
controlled substances, DNR decision							
controlled bacotanees, Di in accisi	U.s.				1	1	

Medical Decision Making Answers (Continued)

The text addressing the Decision Making is [Bold Brackets].

Patient C:

Cardiology Office Visit: The primary care provider requested a cardiology consultation for evaluation and/or management of congestive heart failure. The patient was seen yesterday by the primary care provider. The EKG showed atrial fibrillation and the chest x-ray indicated congestive heart failure. Laboratory results are being faxed to the office.

Patient C is a new patient to the Cardiology clinic. He is a 62 year old male with a <u>new onset of</u> congestive heart failure.

Chief Complaint: Patient referred with <u>recent findings of CHF</u>. <u>Experiencing shortness of breath and palpitations</u>. <u>Symptoms are precipitated by mowing lawn or with walking approximately five (5) blocks</u>. <u>Denies chest pain</u>.

<u>History: No personal or family history of CAD, MI, or CA.</u>
<u>Surgeries include lap cholecystectomy 10 years ago.</u> <u>On no medication.</u>
<u>Occasional alcohol, has not smoked for 8 years.</u>

Allergies: Penicillin

Vital Signs: BP - R130/86, L134/86, P - 120, R - 24, T - 37.0, Weight - 65kg, Height - 150cm

Exam: Appears older than stated age, retired. CV: pulse irregular rhythm, no murmur, faint bilateral rales. Neck: carotid – no bruit, no JVD. Abdomen: no masses/tenderness, liver/spleen wnl. Extremities: Femoral pulses strong, equal; Bilateral pedal pulses faint. 1+ ankle edema. Decreased exercise tolerance.

12/13/99

[EKG] – [Atrial Fibrillation]

Impression: [New onset Atrial Fib, CHF]

Plan: [Anticoagulation, 2D Echo, Cardioversion, R/O CAD, Cardiac Profile]

<u>KEY</u> <u>DOCUMENTATION</u>

Patient Type/Category
Patient History
Patient Physical Examination
Patient Medical Decision

Shaded
Underlined
Bold/Italics
[Bracket]

Patient C Medical Decision Making Worksheet

Patient History								
✓ Chief Complaint			•	✓ New Patient	Established Patient			
To qualify for a given type of history, a	ll three elements (HPI		the table must be		_			
HPI		ROS		PFSH	Type of History			
✓ Location ✓ Timing	✓ Allergic/Imm	2	Musc/Skel	✓ Past History	Documentation of history of			
Quality Context	 Constitutional 		Neurological	✓ Family History	present illness, review of			
Severity ✓ Mod Factor	 Hem/Lymph 		Psychiatric	✓ Social History	systems, and past, family and/or			
✓ Duration ✓ Assoc S&S	• ENMT		Respiratory		social history establishes the			
	 Integument 	 Endocrine 			type of history.			
• Brief HPI = 1-3					• Problem Focused			
• Brief HPI = 1-3	• Problem Pertiner		System		• Expanded Problem Focused			
✓ Extended HPI = 4 or >/3 Chr	✓ Extended ROS =	2-9 Systems		• Pertinent PFSH = 1	✓ Detailed			
• Extended HPI = 4 or >/3 Chr	• Complete ROS =	10 or > Systems		✓ Complete = 2-3	Comprehensive			
	Ca	ardiovascula	r Examinati	ion				
Constitutional	Cardiova	scular	1	Respiratory	Type of Examination			
✓ Vital Signs (3)	Palpation Heart	<u>scului</u>	Respiratory I		1 jpc of Dammacion			
BP ↑/↓ Temp	 ✓ Auscultation Hear 	t	✓ Auscultation		Perform and Document:			
BP → Height	✓ BP 2 or > Extrem			8	4 			
Pulse RR Weight	✓ Carotid Arteries			Extremities	• Problem Focused: 1-5			
Respiration	Abdominal Aorta		Inspect/Palparate	ate Digits/Nails	bulleted (•) elements			
•	✓ Femoral Arteries		1	<u>Neck</u>	, , , , , , , , , , , , , , , , , , , ,			
✓ General Appearance	✓ Pedal Pulses		✓ Jugular Vei		• Expanded Problem Focused:			
Gastrointestinal	✓ Peripheral Edema	ı	Thyroid Exa	m	6 or > bulleted (•) elements			
<u>Gastrointestinai</u> ✓ Mass/Tenderness					<u> </u>			
✓ Liver, Spleen				<u>Skin</u>	✓ Detailed: 12 or > bulleted			
Stool Occult/Indicated	Musculos	zeletal	 Inspect/Papa 	te Sub-q Tissue	(•) elements			
Stoor Seculo maleace	Back: Kyphosis	Kcictai			-			
	✓ Gait/Ability to Ex	rercise		<u>Neuro/Psych</u>	• Comprehensive: Perform			
ENMT	Muscle Strength/T		Brief MSE:		all elements identified by a			
• Inspect Teeth, Gums, Palate	Trasere Salengar			Γime, Place, Person	bullet (•), document			
Inspect Oral Mucosa			 Mood and A 	ffect	all elements in a box with a			
Note Pallor/Cyanosis	Eye		<u> </u>		border and 1 element in			
Trote I allol/Cyallosis	 Conjunctive, Lids 				each box with no border.			
					<u> </u>			
	-	V 11 15 1						
To qualify for a given type of decision		Medical Deci						
10 quanty for a given type of aeciston	maning, iwo oj ine uir		Complexity	Risk of Complication	ons/ Type of			
Number of Diagnoses */Manager	mont Ontions -							
Number of Diagnoses Wivianager	nent Options	Data to be Reviewed Morbidity/Mortal			Wiculcal Decision Waking			
Minimal		✓ Minimal or N	None	Minimal	Straightforward			
* One self-limited or minor problem			labs, CXR, EKC		on angulation was a			
Rest, gargles, superficial dressings		UA, Ultrasou						
• Limited		✓ Limited		• Low	Low Complexity			
* 2 or > self-limited/minor problems	. 1 stable chronic		sts/pulmonary	20,7	- Low Complexity			
illness/acute uncomplicated illness	,		erficial needle					
Over the counter drugs, minor OR (no	o identified risk),	biopsy, labs a	rterial puncture,					
OT/PT, IV fluids without additives	**	non-CV imag	ging					
✓ Multiple		Moderate		✓ Moderate	✓ Moderate Complexity			
	* 1 or > chronic illnesses with mild exacerbation, 2 or >)				
stable chronic illnesses, new proble	m (uncertain	risk), CV ima	ging (no risk)					
prognosis), acute illness with system	prognosis), acute illness with systemic symptoms, acute		am, angiogram,					
complicated injury			dy cavity e.g.,					
 Minor OR (risk identified), elective m 	thoracentesis							
prescription drug mgmt, IV fluids wi								
of fractures, therapeutic nuclear medi								
Extensive	• Extensive		• High	 High Complexity 				
1 or > chronic illnesses with severe	,	CV Imaging (
acute/chronic illnesses/injuries with		endoscopy (ri	sk)					
life/bodily function e.g., multiple tr	auma, acute MI,							
pulmonary embolus	-							
Elective major OR, ER major surgery								
controlled substances, DNR decision	Į.							

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The three (3) "Key Components," history, physical examination, and medical decision making documentation demonstration have been completed.